

Announced Inspection Report: Independent Healthcare

Service: Cherrybank Dental Spa, Perth

Service Provider: Cherrybank Dental Spa Limited

10 November 2025

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1 Progress since our last inspection

What the provider had done to meet the requirements we made at our last inspection on 1 November 2022

Requirement

The provider must replace the expired adult defibrillator pads and implement a stock checking system to make sure the pads are always in date and ready to use.

Action taken

A stock rotation system had been implemented and the medical emergency equipment was checked on a weekly basis. This equipment included the adult defibrillator pads. **This requirement is met.**

Requirement

The provider must not use the dental laser until it has been suitably serviced and calibrated. Evidence of the servicing and calibration must be provided to Healthcare Improvement Scotland. Thereafter, the laser must be regularly serviced and calibrated according to the manufacturer's instructions.

Action taken

Since the previous inspection, the dental laser had been removed from the service. **This requirement is no longer applicable.**

Requirement

The provider must ensure that isolator switches for the intraoral X-ray machines are safely positioned in case the machines need to be switched off in an emergency or if the machine malfunctions.

Action taken

The isolator switches (to be used if the X-ray machine malfunctions) had been repositioned to outside the dental treatment room doors. **This requirement is met.**

Requirement

The provider must remove all unnecessary items stored in the decontamination room.

Action taken

All open shelving had been removed from the decontamination room, and all other items were now being stored appropriately. The decontamination room was being used for its sole purpose of cleaning and sterilising dental instruments. **This requirement is met.**

Requirement

The provider must arrange for the whole sedation team to undertake sedation-related emergency training and ensure refresher training is carried out at least once a year.

Action taken

The service's visiting sedationist had recently held a sedation-related emergency training session with staff. The team had also undertaken immediate life support training in addition to basic life support training. **This requirement is met.**

Requirement

The provider must ensure it can demonstrate evidence of appropriate background checks and health clearance status for all self-employed or visiting clinicians before they start working in the service.

Action taken

We saw evidence that all appropriate background and health clearance checks had been carried out for both visiting and self-employed clinicians. **This requirement is met.**

What the service had done to meet the recommendations we made at our last inspection on 1 November 2022

Recommendation

The service should implement a programme of quality improvement audits for sedation-related activities. Audits should be documented and action plans implemented.

Action taken

We saw evidence that sedation-related audits were now being regularly carried out and improvements were being made as a result of these audits.

Recommendation

The service should develop and implement a quality improvement plan to structure its approach to quality improvement and demonstrate a culture of continuous improvement.

Action taken

A quality improvement plan had now been developed.

2 A summary of our inspection

Background

Healthcare Improvement Scotland is the regulator of independent healthcare services in Scotland. As a part of this role, we undertake risk-based and intelligence-led inspections of independent healthcare services.

Our focus

The focus of our inspections is to ensure each service is person-centred, safe and well led. We evaluate the service against the National Health Services (Scotland) Act 1978 and regulations or orders made under the Act, its conditions of registration and Healthcare Improvement Scotland's Quality Assurance Framework. We ask questions about the provider's direction, its processes for the implementation and delivery of the service, and its results.

About our inspection

We carried out an announced inspection to Cherrybank Dental Spa (Perth) on Monday 10 November 2025. We spoke with a number of staff during the inspection. We received feedback from 44 patients through an online survey we had asked the service to issue to its patients for us before the inspection.

Based in Perth, Cherrybank Dental Spa (Perth) is an independent clinic providing dental care.

The inspection team was made up of three inspectors.

What we found and inspection grades awarded

For Cherrybank Dental Spa (Perth), the following grades have been applied.

Direction	<i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i>	
Summary findings		Grade awarded
Leadership was supportive and visible. Key performance indicators were regularly reviewed to measure how the service was performing. Regular staff meetings were held with core agenda items discussed. However, actions points should be recorded with staff identified to take forward any actions.		✓✓ Good
Implementation and delivery	<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>	
Patient and staff feedback was actively encouraged. Patients felt involved in decisions about their care. Key policies and procedures helped to make sure patient care was delivered safely. Quality assurance processes included a comprehensive audit programme and a quality improvement plan. All appropriate risks were identified and reviewed regularly. A duty of candour report must be produced and published each year.		✓✓ Good
Results	<i>How well has the service demonstrated that it provides safe, person-centred care?</i>	
The service was provided from a clean, comfortable and well maintained environment. Staff had been recruited safely, patient care records were of a good standard and patients spoke very positively about their experience of using the service. Although infection prevention and control measures were appropriate, hand hygiene product dispensers should be wall mounted.		✓✓ Good

Grades may change after this inspection due to other regulatory activity. For example, if we have to take enforcement action to improve the service or if we investigate and agree with a complaint someone makes about the service.

More information about grading can be found on our website at:
[Guidance for independent healthcare service providers – Healthcare Improvement Scotland](https://www.hisc.org.uk/for-providers/inspections/grading-and-enforcement/grading)

Further information about the Quality Assurance Framework can also be found on our website at: [The quality assurance system and framework – Healthcare Improvement Scotland](#)

What action we expect Cherrybank Dental Spa Limited to take after our inspection

The actions that Healthcare Improvement Scotland expects the independent healthcare service to take are called requirements and recommendations.

- **Requirement:** A requirement is a statement which sets out what is required of an independent healthcare provider to comply with the National Health Services (Scotland) Act 1978, regulations or a condition of registration. Where there are breaches of the Act, regulations or conditions, a requirement must be made. Requirements are enforceable.
- **Recommendation:** A recommendation is a statement which sets out what a service should do in order to align with relevant standards and guidance.

This inspection resulted in one requirement and two recommendations.

Direction
Requirements
None
Recommendation
<p>a The service should ensure minutes of meetings include any actions and staff responsible for taking forward actions and have timescales identified. This will ensure better accountability to make sure actions can be tracked and completed (see page 12).</p> <p>Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.19</p>

Implementation and delivery

Requirement

1 The provider must produce and publish a duty of candour report each year and make this available to patients (see page 16).

Timescale – immediate

Regulation 5(2)

The Healthcare Improvement Scotland (Inspections) Regulations 2011

Recommendations

None

Results

Requirements

None

Recommendation

b The service should ensure hand hygiene product dispensers are wall mounted off the work surface in all clinical areas to facilitate effective cleaning (see page 20).

Health and Social Care Standards: My support, my life. I have confidence in the organisation providing my care and support. Statement 4.11

An improvement action plan has been developed by the provider and is available on the Healthcare Improvement Scotland website:

[Find an independent healthcare provider or service – Healthcare Improvement Scotland](#)

Cherrybank Dental Spa Limited, the provider, must address the requirement and make the necessary improvements as a matter of priority.

We would like to thank all staff at Cherrybank Dental Spa (Perth) for their assistance during the inspection.

3 What we found during our inspection

Key Focus Area: Direction

Domain 1: Clear vision and purpose	Domain 2: Leadership and culture
<i>How clear is the service's vision and purpose and how supportive is its leadership and culture?</i>	

Our findings

Leadership was supportive and visible. Key performance indicators were regularly reviewed to measure how the service was performing. Regular staff meetings were held with core agenda items discussed. However, actions points should be recorded with staff identified to take forward any actions.

Clear vision and purpose

The service provided general, cosmetic and restorative dentistry, including implants, endodontics (root canal treatment) and orthodontics (braces, aligners and retainers). Patients could register themselves at the service for general dental health care. The service also provided conscious sedation (using drugs to reduce patient anxiety to allow treatment to take place) and facial aesthetic treatments.

The service had set out a core purpose which was to 'bring excellent customer service into dentistry'. Core values, including teamwork, customer service, clinical excellence, communication and patient education, had also been identified for the way the service operated. These were discussed as part of staff recruitment and induction, as well as at one-to-one staff meetings and daily clinic meetings. These were also communicated to patients through the service's website. A video on the service's website stated that the service had a high expectation for customer care, and its vision was to have patients feel they were at a spa or 5-star hotel.

The service had set key performance indicators, including new patient numbers and financial targets, which were reviewed regularly. Performance against the key performance indicators was discussed at staff meetings.

The team met each January as part of a training day to discuss the service's goals for the year ahead.

- No requirements.
- No recommendations.

Leadership and culture

The service was provided by a team that included dentists, dental care professionals and an administration team. There was enough staff for the volume of work undertaken. Staff understood their individual roles, were clear about each other's responsibilities and knew who to contact if they needed information or an issue needed to be resolved.

Various regular meetings were held to communicate and share information with staff. This included weekly management, administration and clinician meetings, and monthly 'all staff' clinic meetings. Set core agenda items made sure key areas such as health and safety, and quality improvement activity such as patient feedback and audit outcomes, were always discussed. Staff were able to access all meeting notes on the clinic's online communication system.

Staff told us that leadership was visible and supportive, with an open and caring approach. They also told us the service was a good place to work. It was clear that staff were highly motivated to provide person-centred care and treatment to patients.

Patients who completed our online survey said the service was professional and of a high standard. Comments included:

- 'Every member of staff... made me feel totally at ease. Everyone is welcoming, kind and professional.'
- 'They are the utmost professionals.'
- 'From start to finish, all staff involved were helpful and courteous, fully explaining every stage of the process.'

What needs to improve

Although the monthly staff meetings were structured with a set agenda, action points were not being documented with staff identified for taking forward each action or the timescales for these to be completed (recommendation a).

- No requirements.

Recommendation a

- The service should ensure minutes of meetings include any actions and staff responsible for taking forward actions and have timescales identified. This will ensure better accountability to make sure actions can be tracked and completed.

Key Focus Area: Implementation and delivery

Domain 3: Co-design, co-production	Domain 4: Quality improvement	Domain 5: Planning for quality
<i>How well does the service engage with its stakeholders and manage/improve its performance?</i>		

Our findings

Patient and staff feedback was actively encouraged. Patients felt involved in decisions about their care. Key policies and procedures helped to make sure patient care was delivered safely. Quality assurance processes included a comprehensive audit programme and a quality improvement plan. All appropriate risks were identified and reviewed regularly.

A duty of candour report must be produced and published each year.

Co-design, co-production (patients, staff and stakeholder engagement)

The service's website detailed all the treatments available, and a fee guide and information leaflets were available at reception.

A patient participation process was in place with several ways in which the service collected and requested feedback from patients. These included:

- automated email request on completion of a course of treatment
- links to online review sites
- regular hard copy feedback questionnaires
- verbal feedback, and
- anonymous feedback.

The management team regularly reviewed the feedback received and responded to both positive and negative feedback. If any negative feedback was received, they would actively encourage communication with the patient to seek resolution. Patient feedback was discussed at staff meetings and we were told any training requirements identified as a result of feedback was acted upon. A patient newsletter was sent out to all patients every month. This included examples of patient feedback received.

Patients who responded to our online survey said they felt involved in decisions about their treatment and care, and were informed about the benefits, potential risks, side effects and costs before going ahead with treatment.

- ‘I felt no pressure to choose the treatment plan offered and there was lots of guidance given to help me make an informed decision.’
- ‘Each option was explained along with the risks and benefits.’
- ‘I have always felt that they are supporting me with my dental health rather than pushing me into anything.’

Staff feedback was gathered in several ways in addition to staff meetings. These included:

- comment/suggestion box in the staff area
- managers having an open door policy
- one-to-one meetings, and
- whistleblowing policy (describing how staff could raise a concern about patient safety and/or practice).

We were told that if a particular staff member was named in patient feedback, they were celebrated at the staff meeting. Staff also received a day off on their birthday and random prizes were given during the year.

- No requirements.
- No recommendations.

Quality improvement

We saw that the service clearly displayed its Healthcare Improvement Scotland registration certificate and was providing care in line with its agreed conditions of registration.

The practice manager was aware of their responsibility to notify Healthcare Improvement Scotland of certain events, in line with our notifications guidance.

The service had a comprehensive range of policies and procedures, and staff were able to easily access these through the clinic’s online communication system. All were in date and reviewed regularly to make sure they reflected current legislation and best practice.

The complaints policy was easily accessible on the service's website, included up-to-date contact details for Healthcare Improvement Scotland and made clear that patients could contact us at any time. Specific software was in place to log any complaints received. This software was also used to record and manage any adverse events that occurred in the service. No complaints had been received by the service or Healthcare Improvement Scotland since the service was registered with Healthcare Improvement Scotland in October 2018.

A duty of candour policy set out the service's professional responsibility to be honest with people when something goes wrong. Appropriate clinical staff had undertaken duty of candour training. There had been no duty of candour incidents since the service was registered.

Each treatment room had an intraoral X-ray machine (used for taking X-rays inside patients' mouths). The X-ray equipment was digital and a range of image receptor sizes was available to allow the most appropriate image to be recorded for each patient. All X-ray machines had appropriate safety checks and testing carried out. Radiographic (X-ray) images were stored securely on the electronic X-ray filing system.

The radiation protection file was up to date. The service also had a dedicated room with a 3D X-ray machine that took life-like non-radiographic images of patients' teeth.

The service had all the necessary emergency drugs and equipment, including a defibrillator and oxygen. Arrangements were in place to make sure that staff could quickly support patients in the event of a medical emergency. All staff carried out regular medical emergency training. The sedation team had been suitably trained in the sedation techniques used in the service. All equipment used to monitor patients' vital signs during conscious sedation such as blood pressure and oxygen levels had been appropriately serviced and calibrated.

Infection prevention and control policies and procedures were in line with national best practice. The onsite decontamination room was equipped with a washer disinfector and autoclaves for cleaning and sterilising equipment. Dental instruments could be safely and easily transported between the treatment rooms and the decontamination room. The service's decontamination processes were clear and were understood by staff. During the inspection, a staff member demonstrated how the team safely processed instruments to ensure effective decontamination. Regular appropriate testing of decontamination equipment had been undertaken.

We saw certification to show that the fixed electrical installation was being maintained in satisfactory condition, and a system was in place to regularly check portable electrical appliances to make sure they were safe to use. Fire safety signage was displayed, and we saw evidence showing that the fire safety equipment was appropriately maintained. A legionella (a water-based bacteria) risk assessment had been undertaken by a specialist company, who had created a water safety management plan for the service to follow. This included carrying out regular water monitoring and testing.

Patient information was stored on a practice management software system which was password protected. Each staff member had their own password to access the appropriate information they needed. The service was registered with the Information Commissioner's Office (an independent authority for data protection and privacy rights) to make sure confidential patient information was safely stored.

A comprehensive induction programme was in place for new staff. A newer member of the team told us they felt they had received a good induction and felt supported by colleagues to understand their job role. We saw good record keeping in place for all recruitment information using an online human resources (HR) system. Staff appraisals were carried out regularly, and a personal development plan was put in place for each staff member. The HR system also held details of staff training, including recommended modules to be completed. The system also recorded when staff information required to be updated, for example professional registration status.

What needs to improve

Annual duty of candour reports were not being produced. Part of a provider's duty of candour responsibilities is to produce and publish duty of candour reports every year, even where no incidents occur requiring the need to implement the duty of candour procedure. The report should be made available to patients, for example in the service or published on the service's website (requirement 1).

Requirement 1 – Timescale: immediate

- The provider must produce and publish a duty of candour report each year and make this available to patients.

- No recommendations.

Planning for quality

A range of risk assessments had been undertaken, including a radiation risk assessment and a fire risk assessment. These were reviewed regularly and a risk register was in place to make sure key risks were monitored on an ongoing basis.

A comprehensive business continuity plan set out what steps the service would take in the event of a disruptive incident, such as a power failure. The plan provided details of key contacts and contractors to help reinstate services and when to contact patients.

A programme of weekly and monthly audits were carried out and we saw evidence of recent audits for:

- patient care records
- medical emergency drugs and equipment checks
- infection prevention and control practice
- sedation, and
- radiography records.

These audits were led by the practice manager and were undertaken by different members of the team. Results from the audits were reviewed, shared at staff meetings and changes or improvements made, if required. For example, a change was made to the recording of patients' ASA category (a grading system used to assess a patient's health before sedation) for each patient assessed for sedation treatment.

We saw evidence that quality improvement activity was taking place, such as audits, and we also saw evidence of quality improvement discussions at staff meetings. Information from these activities, and planned activities, was documented in a quality improvement plan. This recorded activity, action taken, responsible person, timescales, outcome and follow up. This helped the service to measure the impact of any changes and demonstrate a continuous cycle of improvement.

- No requirements.
- No recommendations.

Key Focus Area: Results

Domain 6: Relationships	Domain 7: Quality control
<i>How well has the service demonstrated that it provides safe, person-centred care?</i>	

Our findings

The service was provided from a clean, comfortable and well maintained environment. Staff had been recruited safely, patient care records were of a good standard and patients spoke very positively about their experience of using the service.

Although infection prevention and control measures were appropriate, hand hygiene product dispensers should be wall mounted.

Every year, we ask the service to submit an annual return. This gives us essential information about the service such as composition, activities, incidents and accidents, and staffing details. The service submitted an annual return, as requested. As part of the inspection process, we ask the service to submit a self-evaluation. The questions in the self-evaluation are based on our Quality Assurance Framework and ask the service to tell us what it does well, what improvements could be made and how it intends to make those improvements. The service submitted a comprehensive self-evaluation.

The service was delivered from premises that provided a safe and comfortable environment for patient care and treatment. The fabric and finish of the building was good. At the time of our inspection, all clinical areas were clean, tidy and well organised. We saw good compliance with infection prevention and control procedures. This included an up-to-date clinical waste management contract, and clear procedures for the safe disposal of medical sharps such as syringes and needles, clinical waste and single-use patient equipment (used to prevent the risk of cross-infection). We saw a good supply of alcohol-based hand rub, and appropriate personal protective equipment such as disposable gloves, aprons and face masks was available.

Patients who responded to our online survey told us they were satisfied with the facilities and equipment in the environment they were treated in.

Comments included:

- 'It's a very calming atmosphere. It doesn't feel like a dentist until you sit in the treatment rooms.'
- '... is thoroughly modern with innovative hi-tech equipment in use throughout. I can honestly say that it is the most advanced dental surgery I have ever experienced.'
- 'The facilities are always clean and tidy and there is continual investment in the decor and the technology.'

We reviewed a number of electronic patient care records stored on the practice management software system. These were of a high standard, and templates were used detailing assessment and clinical examinations, scans, clinical photographs, treatment, including the medicines given to patients, and aftercare information.

There was evidence to show that the risks and benefits of all appropriate treatment options had been provided to patients. Patient care records also included a range of X-ray images which we found to be of good quality and well reported. We noted artificial intelligence (AI) software was being used to help assist with assessing X-ray images, for example identifying if a cavity was developing under a filling.

We reviewed 15 staff files and saw all appropriate background and health clearance checks had been carried out for all staff.

Patients who responded to our online survey said the service was professional and well organised. Comments included:

- 'All people and services are delivered to a very high standard. Being a professional organisation... service goes well above a 'normal' standard.'
- 'The quality of care is exceptional.'
- 'From the day I registered I have received nothing but well organised and professional care.'
- 'In all the years I have been coming to this practice, the service has been of a consistently high standard. Some of the staff have stayed with the practice throughout this time which I feel speaks volumes too.'

What needs to improve

The hand soap and gel dispensers were not wall mounted above the work surface. This is not in line with national infection prevention and control guidance (recommendation b).

- No requirements.

Recommendation b

- The service should ensure hand hygiene product dispensers are wall mounted off the work surface in all clinical areas to facilitate effective cleaning.

Appendix 1 – About our inspections

Our quality assurance system and the quality assurance framework allow us to provide external assurance of the quality of healthcare provided in Scotland.

Our inspectors use this system to check independent healthcare services regularly to make sure that they are complying with necessary standards and regulations. Inspections may be announced or unannounced.

We follow a number of stages to inspect independent healthcare services.

Before inspections

Independent healthcare services submit an annual return and self-evaluation to us.

We review this information and produce a service risk assessment to determine the risk level of the service. This helps us to decide the focus and frequency of inspection.



Before

During inspections

We use inspection tools to help us assess the service.

Inspections will be a mix of physical inspection and discussions with staff, people experiencing care and, where appropriate, carers and families.

We give feedback to the service at the end of the inspection.



During

After inspections

We publish reports for services and people experiencing care, carers and families based on what we find during inspections. Independent healthcare services use our reports to make improvements and find out what other services are doing well. Our reports are available on our website at: www.healthcareimprovementscotland.org

We require independent healthcare services to develop and then update an improvement action plan to address the requirements and recommendations we make.

We check progress against the improvement action plan.



After

More information about our approach can be found on our website:

[The quality assurance system and framework – Healthcare Improvement Scotland](http://www.healthcareimprovementscotland.org)

Complaints

If you would like to raise a concern or complaint about an independent healthcare service, you can complain directly to us at any time. However, we do suggest you contact the service directly in the first instance.

Our contact details are:

Healthcare Improvement Scotland
Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB

Email: his.ihcregulation@nhs.scot

You can read and download this document from our website.
We are happy to consider requests for other languages or formats.
Please contact our Equality and Diversity Advisor on 0141 225 6999
or email his.contactpublicinvolvement@nhs.scot

Healthcare Improvement Scotland

Edinburgh Office	Glasgow Office
Gyle Square	Delta House
1 South Gyle Crescent	50 West Nile Street
Edinburgh	Glasgow
EH12 9EB	G1 2NP
0131 623 4300	0141 225 6999

www.healthcareimprovementscotland.scot